

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-022800

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 140

Primary Registration District No. 5542

Registrar's No. 42

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUN 26 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

| | | | |
|--|---|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Howard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Femme | | c. CITY OR TOWN Higbee, | |
| Length of stay in lb 54 yrs | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.#3 Higbee, Mo | | d. STREET ADDRESS (If outside, give location) R.R.#3 | |
| 3. NAME OF DECEASED (Type or print) First ANDY Middle LOWELL Last ST CLAIR | | 4. DATE OF DEATH Month June Day 15, Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8/30/1907 |
| 9. AGE (last birthday) 54 | | 10. IF UNDER 1 YEAR Months 36 Days 1 | |
| 11. IF UNDER 24 HR Hours 1 Min. 0 | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | |
| 11. BIRTHPLACE (City and state or country) Howard Co. Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME John Morrison St Clair | | 13b. MOTHER'S MAIDEN NAME Mabel Pearl King | |
| 14. NAME OF HUSBAND OR WIFE Lena Idress Porter | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. [REDACTED] | | 17. INFORMANT Mrs Andy L. St Clair Higbee, Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) [REDACTED] | | INTERVAL BETWEEN ONSET AND DEATH 36 hrs. 1 yr. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 3:15 a.m. 6-15-62 Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Fayette Mo. | |
| 20g. COUNTY Boone Co. | | 20h. STATE Missouri | |
| 21. I attended the deceased from 6-15-62 to 6-15-62 and last saw dead 6-15-62 Death occurred at 3:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE [Signature] (Degree or title) M.D. | |
| 22b. ADDRESS Fayette Mo. | | 22c. DATE SIGNED 6-16-62 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 6/17/62 | 23c. NAME OF CEMETERY OR CREMATORY Perche Cemetery | |
| 23d. LOCATION (City, town, or county) Boone Co. Missouri | | 23e. STATE Missouri | |
| 24. FUNERAL DIRECTOR Ralph A. Carr | | 25. DATE RECD. BY LOCAL REG. 6-16-62 | |
| 26. REGISTRAR'S SIGNATURE Katherine Welch | | 27. ADDRESS Fayette, Mo | |

(Licensed Embalmer's Statement on Reverse Side)

7066 8 100 SA

JUN 2 1963

Permit issued 6-15-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ralph A. Carr

Licensed Embalmer No.

3340

P. O. Address

Jayette, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING** (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.